EMERGENCY MEDICAL ID CARD

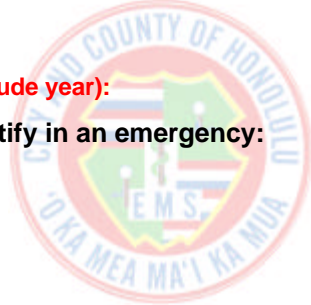Name:

Birthdate (include year):

Person to notify in an emergency:

Name:

Phone:

Physician:

Phone:

EMERGENCY MEDICAL ID CARD

Allergies:

Medical Conditions:

Medications:

Blood Type:

Signature:_____ Date: _____

Fill in the form on your computer (requires MS-Word) and print,

OR

Print this page and use a pen to complete the information.

Cut along the dotted lines and fold in half (along the solid line)

Carry it in your wallet.
(Laminate to increase durability)